

STUDY REPORT
ON
THE PROJECT
FOR
REINFORCEMENT OF MATERNAL AND CHILD
HEALTH AND MALARIA CONTROL

(GRANT AID FOR CHILD WELFARE)

IN
THE REPUBLIC OF SENEGAL

JANUARY 2001

JAPAN INTERNATIONAL COOPERATION AGENCY

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PREFACE

In response to a request from the Government of Senegal the Government of Japan decided to conduct a basic design study on Project for reinforcement of maternal and child health and malaria control and entrusted the study to the Japan International Cooperation Agency (JICA). In cooperation with JICS JICA made study on Materials and Equipment.

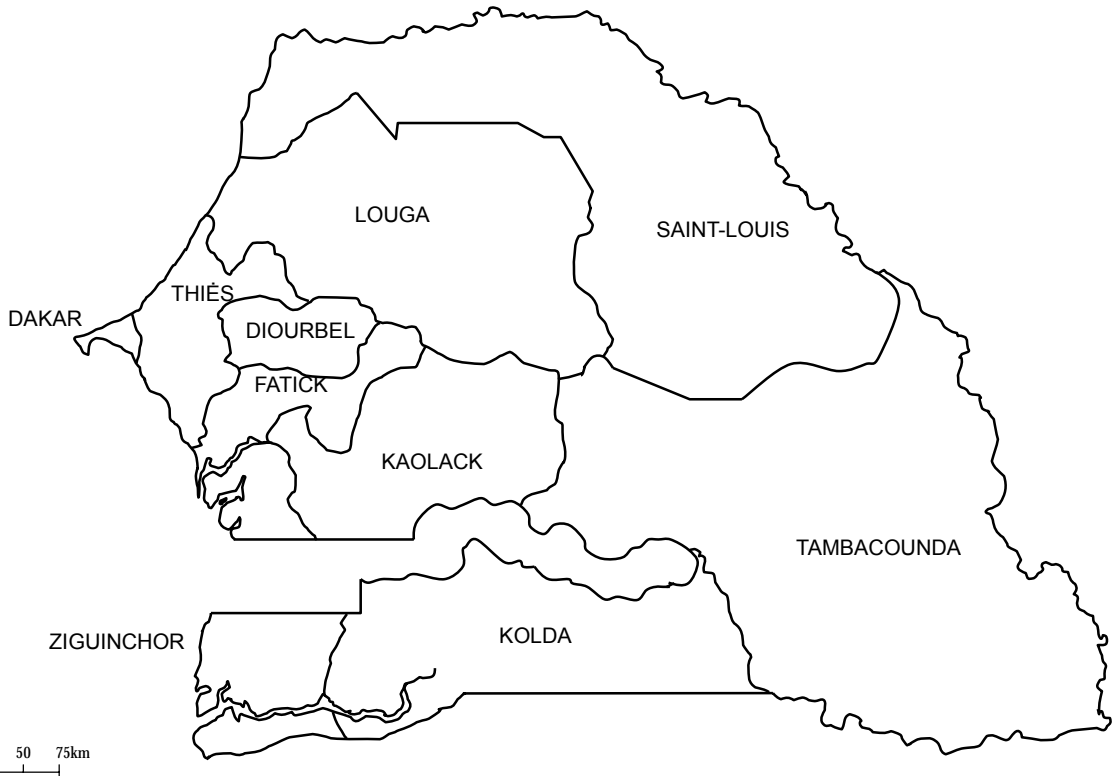
JICA sent to Senegal a study team for Materials and Equipment Study from September 18 to October 13, 2000.

I hope that this report will contribute to the promotion of the project and to the enhancement of friendly relations between our two countries.

I wish to express my sincere appreciation to the officials concerned of the Government of Senegal for their close cooperation extended to the teams.

January 2001

Kunihiko Saito
President
Japan International Cooperation Agency



Map of Senegal

Preface

Location Map/Perspective

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Chapter 1 Background of the Project

The government of Senegal is currently implementing a structural adjustment plan in cooperation with IMF and IBRD, and imposing strict budgetary stringency aiming at normalization of economic and financial status of the country. In the field of health and medical care policies, Senegal has formulated Plan National de Développement Sanitaire (PNDS: 1998-2007) and Programme de Développement Intégré de la Santé et de l'action sociale (PDIS: 1998-2002) in the face of this situation, giving priority to such goals as the reduction of infant death rate through measures against infections and the reduction of birth rate through educational activities. These programs have been promoted under the assistance from UNICEF, WHO, UNFPA, etc.

However, despite the government's efforts in promoting health and medical care policies, indices of health and medical care in Senegal are still not satisfactory. The Child Mortality Rate (for children under 5 years of age) is 121 per 1,000 births, and Infant Mortality Rate (for children under 1 year of age) is 70 per 1,000 births (UNICEF statistics in 1998). These figures can be explained by the high morbidity rate of infectious diseases, such as malaria, poliomyelitis, tetanus, acute respiratory infections and hepatitis B. In addition, the strict budgetary stringency of the government has caused insufficiency in providing equipment for malaria control, in purchasing vaccines and drugs, and in coping with the shortage and superannuating of cold chain equipment and vehicles for transportation. These have resulted in low vaccination rates. (The percentage of 1-year-old infants completing vaccination in 1990-98 was 80% for tuberculosis, 65% for DPT vaccines, 65% for polio, and 65% for measles; the percentage of pregnant women receiving vaccination for tetanus was 34%.)

In this situation, the government of Senegal formulated the Project for Enhancement of Maternal and Child Health and Malaria Control, aiming at the improvement of vaccination rates, provision of cold chain equipment, provision of malaria control equipment, and promotion of nation-

wide vaccination. The government of Senegal requested for a Japanese grant aid regarding the funds for the purchase of vaccines, cold chain equipment, malaria control equipment, etc. that are needed for the implementation of this program.

Chapter 2 Contents of the Project

2-1 Basic Concept of the Project

This project includes the procurement of insecticide-treated mosquito nets as a part of measures to control malaria, which is the most serious disease in Senegal. In order to promote community health care centered around Health Posts, this project will supply refrigerator-freezers, maternal and child health kits, and motorcycles to Health Posts and automobiles to the health authorities of regions and districts. The goals are the prevention of malaria, the reduction of morbidity and mortality rates, the improvement of vaccination rates, and the qualitative improvement of community health care in Health Posts. This project will contribute to the PNDS, which has been promoted by the government of Senegal since 1998.

2-2 Basic Design of the Requested Japanese Assistance

2-2-1 Design Policy

This project has been formulated based on the following policies:

a. Malaria Control Program

Through Malaria Control Program, the government of Senegal has established the system and equipment for insecticide treatment of mosquito nets, and the inhabitants are well aware of the necessity of these mosquito nets. However, the provision of treated mosquito nets has been impeded due to the shortage of funds for initial purchase. The procurement of mosquito nets, therefore, has been included in this project. As a safety measure, insecticide treatment kits are also included in this project.

b. Maternal and Child Health Program

Health Posts are playing important roles in community-based daily medical services, in particular for maternal and child health care, including childbirths and child sickness. The central government of Senegal has been promoting the improvement of the facilities and equipment of Health Posts. However, under the decentralization policy, Health Posts are now under the authority of local government, and suffer from shortage of budgets for the renewal of facilities and equipment. Because of this reason, maternal and child health kits for Health Posts will be procured under this project.

c. Expanded Program for Immunization

Because the provision of equipment at Health Posts is delayed due to the situation mentioned in b above, small refrigerator-freezers for Health Posts will be procured under this project.

The procurement of vaccines is excluded in this project with following reasons;

- It has been determined that polio vaccine to be used in the National Vaccination Day will be supplied by the Japanese special budget for infection control
- The vaccines for routine use are supplied from time to time by the government of Senegal with the cooperation of UNICEF. Even primary healthcare level facilities such as Health Posts are now enjoying the sufficient level of vaccine supply, which is the result of the “Vaccine Independence Initiative”.

Ice packs and ice boxes are already in use widely at various health facilities, and therefore, these are excluded from this project.

d. Automobiles and Motorcycles

In Senegal, motorcycles and automobiles are utilized for community health care. Motorcycles are used for services in neighborhoods (within 15 km radius), and automobiles are used

for more remote areas. However, shortage in the number of vehicles and the considerable ageing of existing vehicles have caused impediment to the performance of services. To improve this situation, this project includes the procurement of motorcycles and automobiles (double-cabin pick-up trucks for community-based visiting health care and vehicles for visiting services).

e. Soft Component (Technical Assistance)

In this project, cost recovery system, which was implemented already in the pilot cases, will be expanded nation-wide. To make sure that this system would function properly, it is important to monitor the cost recovery process after the procurement of the mosquito nets. In addition, it is necessary to ensure the delivery of medical equipment and cold-chain to the level of Health Posts after they have been supplied to the 10 regions so that these equipment would be fully utilized.

Furthermore, it is important to establish a system of evaluation on the reduction of malaria prevalence and mortality as the result of the use of mosquito nets.

As the government of Senegal has requested the technical guidance to support the establishment of these monitoring and evaluation systems, it is included in this project as a soft component (technical assistance).

2-2-2 Equipment Plan

a. Contents and Scale

The contents of the equipment to be procured are as shown in Table 1.

Table 1 List of Equipment

No.	Name	Quantity
1	Mosquito net	200,000 pieces
2	Insecticide for the Treatment of Mosquito Net	8,000 liter
3	Insecticide Treatment kit	500 sets
4	Refrigerator/Freezer (for Health Posts)	300 units
5	Maternal Health Kit (for Health Posts)	300 sets
6	Vehicle of supervision for health district	10 units
7	Station Wagon for circulation	6 units
8	Motorcycle (125cc)	52 units

b. Equipment for Malaria Control Plan

Using the method of WHO, the Ministry of Health estimates the number of mosquito nets required as shown in Table 2.

Table 2 Number of Mosquito Nets Required

Region	Population	Necessary quantity (pieces)
DAKAR	2,287,680	1,020,877
DIOURBEL	857,880	382,829
FATICK	667,240	297,756
KAOLACK	1,143,840	510,439
KOLDA	762,560	340,292
LOUGA	571,920	255,219
ST-LOUIS	857,880	382,829
TAMBACOUNDA	476,600	212,683
THIES	1,334,480	595,512
ZIGUINCHOR	571,920	255,219
TOTAL	9,532,000	4,253,655

Of these 4,253,655 mosquito nets, the Ministry of Health considers that 250,000 nets must be procured to commence the National Malaria Control Program. Up to present, the amount which has already ensured is;

- 15,000 from UNICEF (arriving in the near future; intended for Fatick and Ziguinchor regions)
- 15,000 by the World Bank loan (of the planned total of 150,000 nets, 10% will be procured in October through tender in the country, the remaining 90% will be procured in next and later years)
- 20,000 through assistance from Luxembourg (for St. Louis region)

Subtracting these figures, 200,000 mosquito nets will be procured under this project.

This figure is further confirmed as appropriate by the observation in field as mentioned below;

- In St. Louis region, mosquito nets were supplied 20,000 in 1998 and 20,000 in 1999, respectively, through the assistance from Luxembourg, and almost all of these mosquito nets were sold. Considering that even in the remote area such as health district of Kedougou there were villagers already trained to treat mosquito net and the demand for the mosquito net is high, the level of consumption in St.Louis can be extrapolate to whole Senegal. As the population of St.Louis region is 10% of Senegal total population, 20,000 mosquito nets in St.Louis corresponds to 200,000 nets in all over the country. This is the same figure as the planned number of mosquito nets to be procured.
- In Kédougou district (population 63,917) in Tambacounda region, 179 mosquito nets were insecticide treated during the national malaria control campaign tour in August, and almost all of these mosquito nets were sold in August and September. An extrapolation of this sale to entire Senegal indicates that 168,030 mosquito nets can be sold in a year, and this figure is approximately the same as the planned quantity.

The insecticide for treating mosquito nets will be procured under this project in a quantity sufficient for 200,000 mosquito nets for a year. Because 1 liter of the insecticide can treat 50 mosquito nets and the government of Senegal recommends treatment once in 6 months, 8,000 liters will be supplied under this project (200,000 nets / 50 nets = 4,000 liters; 4,000 liters x 2 times = 8,000 liters).

Each set of the insecticide treatment kit (goggles for 2 persons, rubber gloves for 2 persons, 200 masks) can treat 400 mosquito nets. Therefore, 500 sets will be procured under this project.

c. Equipment for Maternal and Child Health

Of the 809 Health Posts in Senegal, 203 locations have already received the supply of equipment under the Japanese aid for special equipment assistance for population and family planning. This aid is planned to be given to additional 90 locations. Among the remaining Health Posts, 300 locations that absolutely lacks existing equipment will be supplied maternal and child health kits. Eligible facilities are listed in Table 6 by district.

The content of the kit was decided as shown, based on the maternal and child health kit specified by UNICEF and after consultation with the officials of Service National de la Santé de la Reproduction, Direction de la Santé, Ministry of Health.

Table 3 Content of Maternal and Child Health Kit

	Name	Quantity
1	Obstetric Stethoscope	1
2	Measure Tape	1
3	Dressing Forceps, 15 cm	1
4	Dressing Forceps, 23 cm	1
5	Sphygmomanometer	1
6	Digital Thermometer	1
7	Stethoscope	1
8	Sterilizing Case (small)	1
9	Rectal Thermometer	1
10	Umbilical Scissors	1
11	Pean Haemostatic Forceps	1
12	Amniotic Fluid Suction	1
13	Martin Pelvimeter	1
14	Enema Syringe	1
15	Hand Wash Brush	1
16	Sponge Bowl	1
17	Hegar Needle holder	1
18	Suture Needle, 3 types	1
19	Pen Light	1
20	Foot Pedal Suction pump	1
21	Pus Basin	1
22	Operation Gloves	1
23	Carrying Case	1
24	Light, Examining, Portable stand type	1

d. Equipment for Expanded Programme on Immunization

Of the 809 Health Posts in Senegal, only 322 currently have cold chain equipment. Of the remaining 487 locations, small refrigerator-freezers will be supplied to 300 Health Posts, where it is difficult to deliver vaccines on foot or using bicycles from Health Centers. Eligible Health Posts are listed by health district.

The small refrigerator-freezers selected for this project shall be a model that can be operated by both electricity and gas, and requires little maintenance.

e. Automobiles and Motorcycles

e-1 Present Status of Existing Automobiles and Motorcycles

Motorcycles

Motorcycles are used for house-to-house vaccination services, transportation of vaccines and drugs from health district, maternal and child health guidance, nutrition guidance, etc. According to the interviews with nurse-in-chief at Health Posts, the usage of these motorcycles is estimated to be 232 days per year and an annual travel distance of 5,840 km

Table 4 Activities Using Motorcycles

Activity	Average travel distance	Frequency	Days per year	Annual travel distance
House-to-house vaccination	20km	2/week	104 days	2,080 km
Vaccine transportation	40km	1/month	12 days	480 km
Drug transportation	100km	1/month	12 days	1,200 km
Maternal and child health and nutrition guidance	20km	2/week	104 days	2,080 km
Total			232 days	5,840 km

The personnel of the Health Posts lacking means of transportation are managing to perform these health services on foot or using bicycles. The increase in the workload due to this situation is imposing a heavy burden on the Health Post personnel and also limiting their range of activity, resulting in considerable deterioration of service quality in communities and also increasing the risk of vaccine degradation. Therefore, the provision of motorcycles is considered very important.

Automobiles

Double-cabin pick-up trucks are used for community vaccination services, dissemination activities to communities (villages and schools), transportation of vaccines, transfer of patients, transportation of drugs, etc. Service vehicles are used by the personnel of region and health district as means of transportation to the capital, regions, health districts, and villages for medical services, and also used for transportation of materials if needed.

Similarly to motorcycles, existing automobiles are considerably superannuated. Only a small number of existing automobiles are in good working order. Of the 431 automobiles used at health centers in Senegal, about 40% have exceeded the service life of 10 years (the standard year set by Senegal's Ministry of Health), and many are out of working order. Since most of the roads to villages are unpaved and in bad state of maintenance, the use under harsh conditions has caused considerable deterioration of automobiles.

According to the interviews with the personnel of regional and district health office, the usage of automobile is estimated to be 5.2 days per week, 270 days per year, and an annual travel distance of 19,380 km (see Table 5).

Table 5 Activities Using Automobiles

Activity	Travel distance	Frequency	Days per year	Annual travel distance
House-to-house vaccination	30km	3/week	156 days	4,680km
Transportation of vaccines and kerosene	200km	1/month	12 days	2,400km
Mobile medical service by medical teams	100km	1/month	12 days	1,200km
Transfer of patients	30km	as required	30 days	900km
Transportation of drugs	300km	1/month	12 days	3,600km
Monitoring	100km	1/month	12 days	1,200km
Maintenance of equipment	150km	1/month	12 days	1,800km
Maternal and child health, nutrition guidance, hygiene activities	150km	2/month	24 days	3,600km
Total			270 days	19,380km

e-2 Target Facilities for Automobiles and Motorcycles

Ideally, motorcycles should be provided for all Health Posts and automobiles at all Health Centers. However, an excessively rapid increase in the number of vehicles may cause difficulty in equipment management and increase the burden of maintenance costs. Therefore, target facilities were selected for those which actually possess automobiles and motorcycles with following conditions. The target facilities are listed in Table 6 by region.

Motorcycles

- The motorcycle which is older than 7 years. This figure was determined to be 2 years longer than the standard life years set by Senegal's Ministry of Health.
- The motorcycle which is actually out of order and requires renewal.

Automobiles

- The automobile belonging to health centers of district and National Service of Grand Epidemics, which is considerably superannuated.

- The automobile which is out of order and requires renewal.

2-2-3 Implementation Plan

2-2-3-1 Implementation Policy

The equipment procured are to be unloaded at the port of Dakar. After customs clearance, the equipment is transported to the health centers in all 10 regions and handed to the Senegalese side.

Table 6 shows the amount of each equipment to each region .

Table 6 List of Equipment, by Region

	1	2	3	4	5	6	7	8	9
	Mosquito net (Family Size)	Mosquito net (X-Family Size)	Insecticide Treatment Kit	Insecticide	Refrigerator/Freeze (small size)	Health Kit	Vehicle of supervision for health district	Station Wagon	Motorcycle
DAKAR	5000	15000	50	350	35	39	1	0	6
DIOURBEL	5000	15000	50	350	15	41	1	0	1
FATICK	5000	15000	50	350	29	24	1	1	3
KAOLACK	5000	15000	50	350	32	23	1	1	4
KOLDA	5000	15000	50	350	22	32	1	0	0
LOUGA	5000	15000	50	350	8	13	1	1	4
ST-LUIS	5000	15000	50	350	57	38	1	1	12
TAMBACOUNDA	5000	15000	50	350	16	31	1	1	6
THIES	5000	15000	50	350	46	34	1	1	6
ZIGUINCHOR	5000	15000	50	350	40	25	1	0	10
TOTAL IN SENEGAL	50000	150000	500	3500	300	300	10	6	52

2-2-3-2 Implementation Conditions

As mentioned before, Senegal suffers from underdevelopment of basic infrastructures such as roads, electricity, and water supply. While some main roads are paved with asphalt, most local roads are unpaved laterite roads. Main roads in local areas are rutted by erosion from heavy rain during the rainy season, presenting significant hindrance to transportation. Allowing for the possible delay in transportation due to rain, it is necessary to secure a sufficiently long period for transportation.

While the equipment supplied under this project is delivered to the Senegal side at 10 destinations in Senegal, it is necessary to make careful prior arrangement among the trading company in charge of procurement, local bodies receiving the equipment, and the consultant with respect to unloading and unpacking at local sites. The equipment is stored in the warehouse of PNA, Ministry of Health, in Dakar after customs clearance, and then transported to local regions (10 regions) in containers. The warehouse of PNA and the warehouses of Ministry of Health in each region have sufficient space for the storage of equipment procured under this project.

2-2-3-3 Scope of Works

None of the equipment procured under this project requires installation works.

2-2-3-4 Consultant Supervision

To ensure that procurement and project implementation will be conducted without delay following the implementation schedule described later in this document, trading companies should be prompted to deliver the equipment as early as possible and to submit monthly reports. The supervision of the project must be conducted sufficiently keeping track of the progress of the project.

2-2-3-5 Soft Component (Technical Assistance)

1) Activity Plan

Two engineers and one French-Japanese interpreter, selected by the relevant consultant, will be assigned to perform the following activities for the period of 67 days starting from 2 months after the delivery of the supplied equipment to Senegal (expected to be the end of December, 2001).

Monitoring will be conducted concerning the distribution and use of supplied equipment, such as mosquito nets, medical equipment, and small refrigerator-freezer, for about 15 sampled health posts in villages across the country.

Based on the result of the above monitoring, discussion are to be made on the improvement of malaria control evaluation system with the health authorities of national, regional, district and community level.

2) Reporting of the Result

Reports concerning the monitoring will be prepared, including the following information:

- Actual situation and future plans concerning distribution of equipment at the level of region and health district.
- Usage situation at sampled health posts.
- Mosquito nets cost recovery status of health committees of the sampled villages.
- The number of households purchasing mosquito nets, state of use of mosquito nets, and insecticide treatment in the sampled villages.

Reports concerning the establishment of the malaria control evaluation system will be prepared, including the following information:

- System for evaluation of malaria control plan (timing of evaluation, method of evaluation, obligation of reporting).

- Method of long-term cooperation from Japan (JOCV, dispatch of specialists, etc.)

3) Expected Effects

Through the sampling survey at health posts, the distribution and installation of equipment is to be monitored, and enable the advice on the appropriate methods for the use of equipment and replacement of parts or giving other necessary information. This would facilitate effective utilization of the equipment procured under this project.

Supporting Senegal's Ministry of Health, it enables to determine evaluation elements such as timing, method, reporting system and builds up the baseline data prior to the mosquito nets usage which is necessary for future evaluation. This facilitates the construction of the system for evaluating the effectiveness of the use of mosquito nets.

2-2-3-6 Implementation Schedule

(1) Fiscal budget classifications

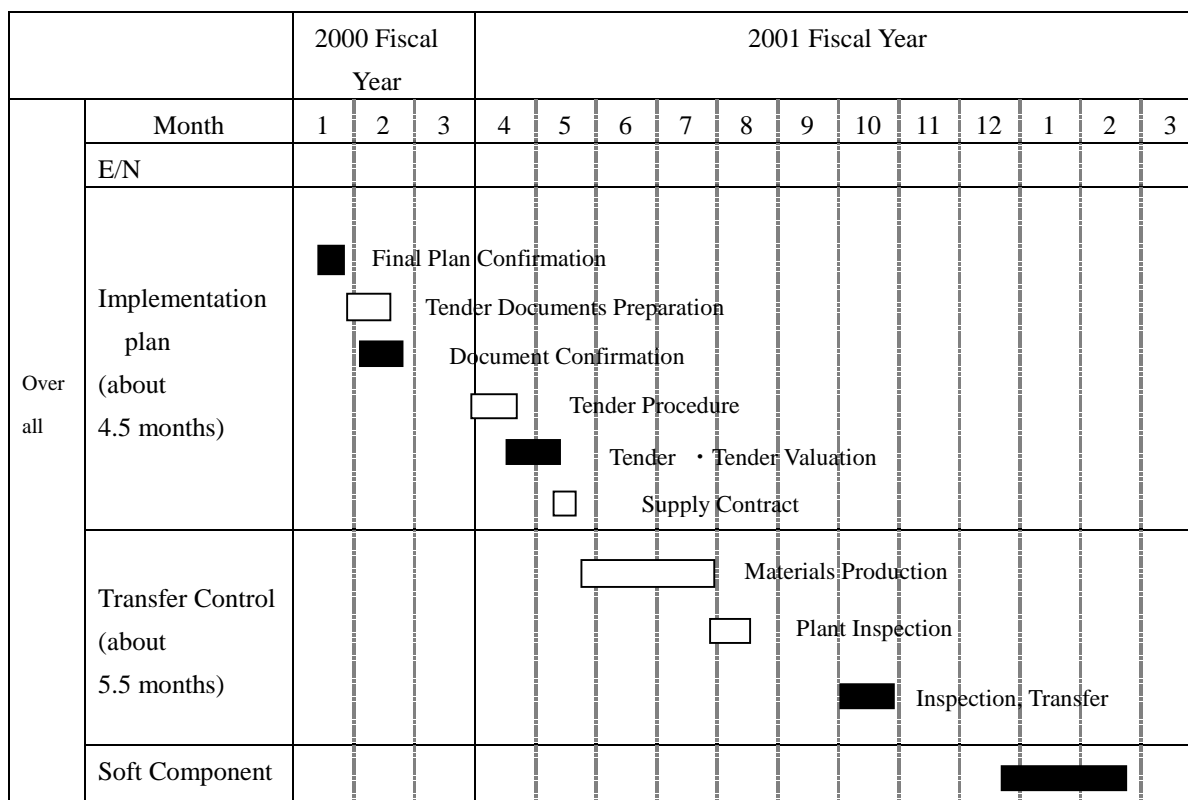
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(2) Implementation Schedule

Overall period (from E/N to date of transfer of goods): 10.0 months

From E/N to date of supply contract: 4.5 months

Deadline (from supply contract to transfer of goods): 4.5 months



In Senegal or third countries
 In Japan

2-3 Obligations of Recipient Country

In the implementation of this project, the Senegal side shall take responsibility in conducting the followings:

To secure the places for the storage of equipment procured under this project.

To transport the equipment to districts and Health Posts after procurement at the region level.

To ensure that the equipment procured under this project will be used properly and effectively for the implementation of the project, and to secure personnel and other resources for this purpose. In addition, the Senegal side shall bear all costs, including maintenance costs, that are necessary for the implementation of the project, except for the costs to be borne by the Japanese side.

To perform customs clearance procedures concerning the equipment and other materials brought into Senegal for the implementation of this project, and to perform procedures for exemption from tariffs and other taxation.

To pay the notification fee for the authorization to pay (A/P) and fees payable based on the banking arrangement (B/A) concerning this project.

To report regularly the sales of mosquito nets and insecticide procured under this project, because these will be sold to the citizens of Senegal for the recovery of costs.

To provide facilities that are necessary for the implementation of the soft component, such as making appointments with the attendants of meetings, securing meeting rooms, and attendance to sampling surveys.

2-4 Project Operation Plan

2-4-1 Distribution of Mosquito Nets

Insecticide treatment is performed by Service National de l'Hygiène, Direction de la Santé, Ministry of Health, by hygiene departments of Région Médicales and District Sanitaire, and by local volunteer organizations such as community women's societies under the guidance of hygiene departments. At the time of insecticide treatment, a fee of 600 CFA francs is collected from inhabitants (in the case of Kédougou district in Tambacounda region), and inhabitants are instructed to repeat insecticide treatment.

The income from the sale of mosquito nets and insecticide treatment fees is managed by the Health Committee and used for the purchase of new mosquito nets. Eventually, the funds will be recovered by the central government, and using the recovered funds, the country will purchase new mosquito nets independently.

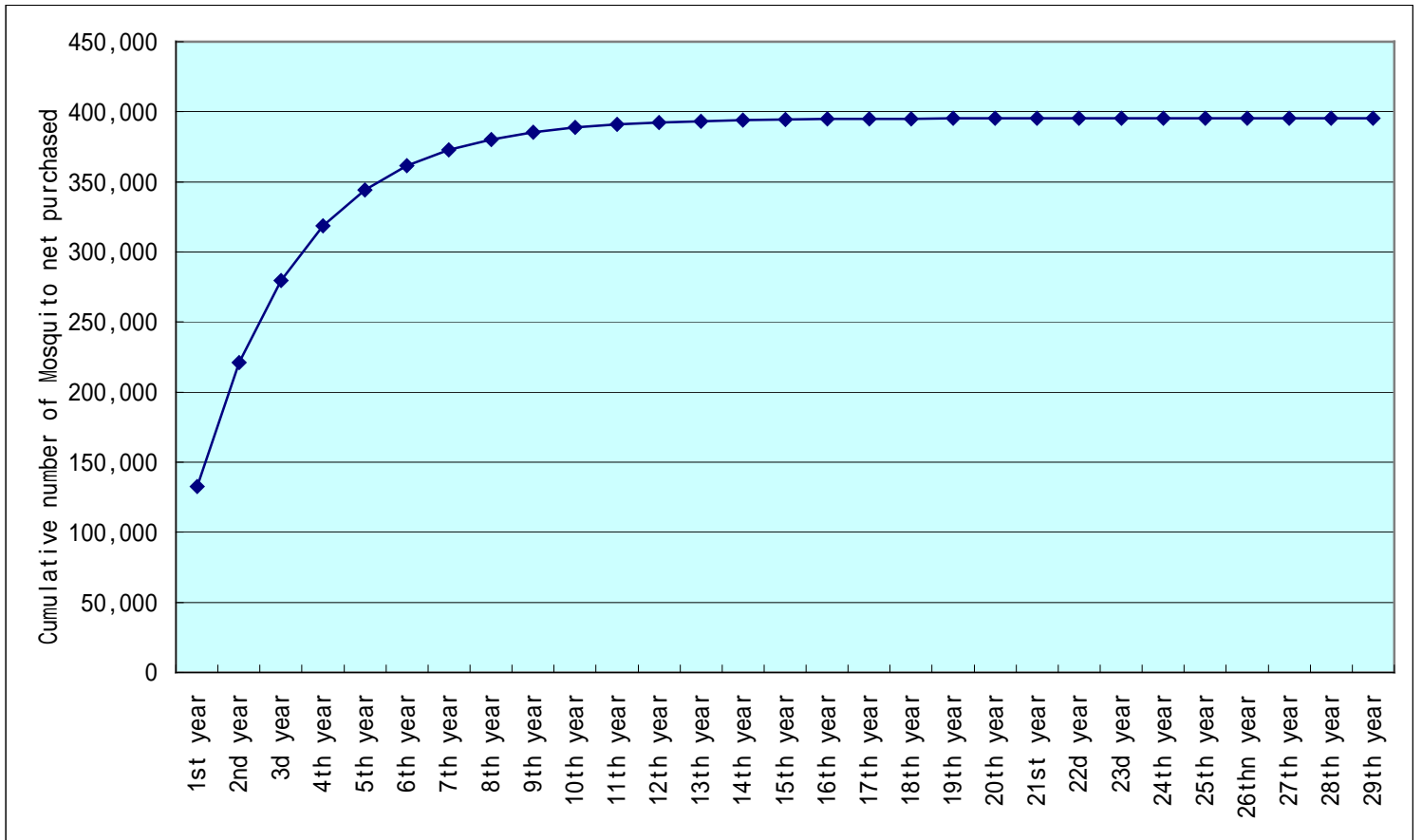
While the market price of each mosquito net is 5,000 to 6,000 CFA francs at present, the

government of Senegal plans to sell mosquito nets at a uniform price of 2,500 CFA francs. It is necessary to find a way to compress this price difference.

Currently, mosquito nets sold in the market are the products of Morocco, Egypt, South Africa, etc., and a high rate of customs duties (47% according to our interview survey) is imposed on these mosquito nets. However, in the case of St. Louis region, where mosquito nets were procurement from Thailand, the CIF price was 3,100 CFA francs. Even if the consignment fee at Dakar port and domestic transportation costs were added, each mosquito net cost only 3,142 CFA francs. The difference from the market price of 5,000 to 6,000 CFA francs may be explained by the fact that the sale by the government does not involve the costs and profits of wholesalers and distributors, and that no customs duties are imposed.

The recovery of funds in this project was estimated based on the experience in St. Louis region, assuming that new mosquito nets will be purchased once in a year. As shown in Figure 1, a cumulative total of 344,295 mosquito nets will be purchased additionally during the first 5 years, and the funds will expire in the 29th year.

Figure 1 Estimated Recovery of Funds for Mosquito Nets

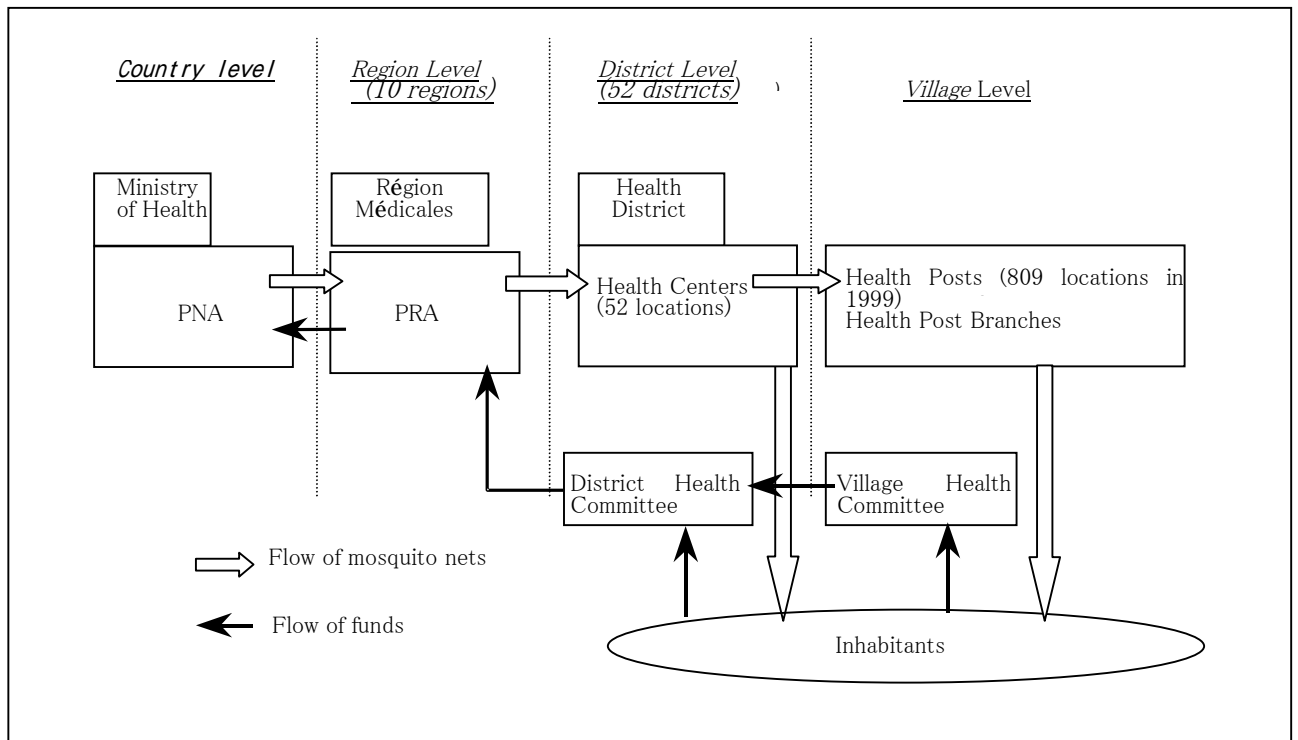


*The recovery rate was assumed to be 85%, approximating the 87.7% in St. Louis region.

*Mosquito nets were assumed to be procured at 3,200 CFA francs and sold at 2,500 CFA francs.

The route of the distribution and sale of mosquito nets is planned to be similar to that used for the cost recovery for drug as outlined in Figure 2.

Figure 2 System for Distribution of Mosquito Nets



In this project, mosquito nets will be delivered to the level of regions (10 regions nationwide). The transportation and distribution from regions to districts and villages will be conducted by the Senegal side.

In addition, it is expected that the private sector may develop a system for distributing mosquito nets more efficiently and at lower prices, using appropriate marketing method. Such system, if realized, may facilitate smooth transition of mosquito net supply from public to private sector.

2-4-2 Small Refrigerator-freezers and Maternal and Child Health Kits

The small refrigerator-freezers provided under this project are for use at the village level, and they do not require a high level of maintenance capabilities. Similarly, the maternal and child health kit is simple enough for maintenance by nurses at Health Posts. It does not require high-level

specialist technicians.

2-4-3 Motorcycles

Village-level Health Committees are managing to secure the budget for the maintenance of motorcycles from the medical care income of each Health Post. In some cases, district Health Centers supply deficiencies of budget for the purchase of spare parts.

If the mean annual travel distance of each motorcycle is 5,840 km and the fuel efficiency is 25 km/liter, 233 liters of gasoline will have to be purchased every year. The price of gasoline is 560 CFA francs/liter, and the annual expense will be 233 liter x 560 CFA francs = 130,480 CFA francs (about 22,180 yen). A budget of this amount is secured and executed at every Health Post studied.

2-4-4 Automobiles

At present, automobiles used by Région Médicales and District Sanitaire are managed by operation journals recording travel distance and fuel use, and therefore, these are not diverted to other purposes. The costs of maintenance and fuel purchase are included in the budgets of Région Médicales and District Sanitaire. Servicing is performed by the workshop of Région Médicales. For example, in the case of Thies region, 22.57 million CFA francs (3.42 million yen), corresponding to 0.5% of the total budget of 4.31 billion CFA francs, is spent for fuel cost and 26.56 million CFA francs (4.02 million yen), 0.6%, is spent for maintenance cost.

If the mean annual travel distance of each automobile is 19,380 km and the fuel efficiency is 15 km/liter, 1,292 liters of gasoline will have to be purchased every year. As the price of fuel (diesel) is 396 CFA francs/liter, the required budget will be 1,292 liter x 396 CFA francs = 511,632 CFA francs (86,972 yen). Because the automobiles planned under this project are supplied as renewal of existing automobiles, the above existing budget will be used for these automobiles and there are no problems

in maintenance.

Because the workshop of each Région Médicales has repair mechanics specialized in automobiles, there are no technical problems in servicing.

Chapter 3 Project Evaluation and Recommendations

3-1 Project Effect

3-1-1 Malaria Control

Direct effects in malaria control plan:

- Appropriate use of insecticide treated mosquito nets will contribute to the reduction of malaria morbidity.
- The distribution and use of insecticide treated mosquito nets will make the inhabitants understand the importance of malaria prevention.
- The sale of mosquito nets and the collection of insecticide treatment fee will increase the revolving fund of Health Committees and activate their operation.

3-1-2 Vaccination and Enhancement of Maternal and Child Health

Direct effects of the procurement of small refrigerator-freezers, maternal and child health kits, automobiles, and motorcycles:

- The condition of the equipment at Health Posts will be improved, making it possible to perform diagnosis and treatment that could not be done because of the lack of proper equipment despite that nurses had sufficient know-hows. This will result in the improvement of the quality of medical care.
- The condition of inhabitant-level cold chain will be improved, resulting in the reduction of the rate of wasted vaccines and establishment of an efficient system for vaccination.
- The procurement of automobiles will activate the exchange of persons and materials within regions and districts, as well as between regions and districts, resulting in enrichment of community medical care.
- The procurement of motorcycles will considerably improve the community medical care activities performed by nurses at Health Posts.

3-1-3 Indirect Effects

- A practical medical care system based on resources will be constructed, in which funds for medical care will be managed through Health Committees
- The situation of medical care for the citizens of Senegal will be improved, contributing to the satisfaction of basic human needs and supporting economic development.

3-2 Recommendations

3-2-1 Improvement of Health Posts

Under the Senegal's decentralization policy toward and its emphasis on primary health care, Health Posts are playing important functions in the medical care system of Senegal. The introduction of a cost recovery system and the establishment of Health Committees have ameliorated the shortage of drugs and other expendable supplies. However, it has become difficult to implement

investment-intensive projects that require relatively large amounts of budgets, such as the maintenance of medical equipment and the repair of facilities. The union of Health Post nurses has been conducting a strike since 1997, aiming at improving this situation and obtaining reasonable wages commensurate with the ever-increasing workload. Their claims include (1) a pay increase, (2) payment of a housing allowance, (3) improvement of housing facilities annexed to Health Posts, (4) and renewal of necessary equipment such as refrigerator-freezers and motorcycles. The strike is conducted in a selective manner: while daily medical practices are performed, obtained data are not sent to District Sanitaire and higher organizations, hampering the policy planning at the Ministry of Health.

Our survey also confirmed that nurses at Health Posts are performing a lot of work under inferior work conditions, although there are some regional differences.

Under current situations, it is unavoidable that budgets for Health Posts are limited, in view of the fact that facilities and equipment at higher organizations such as regional hospitals and health centers are not in good conditions. However, the policy emphasis should be focused on Health Posts, which are the closest to the inhabitants.

In Senegal, a bill concerning decentralization was approved in 1996, and the financial resources for Health Posts were placed under the responsibility of local governments. Direct allocation of funds from the country has stopped, and instead, subsidies from the country to local governments are allocated at the level of local governments and given to Health Posts. However, execution of the budgets for Health Posts is not sufficient, because of the shortage of staff in local governments and hitches in the transition to the new system. It is, therefore, necessary to ensure appropriate allocation of funds at the level of local government, so that priority is given to the provision of health care budgets.

3-2-2 Sustainable Malaria Control

In the distribution of mosquito nets in St. Louis region conducted under the assistance from Luxembourg, mosquito nets are sold at a lower price than the cost of one net. Thus, the number of mosquito nets that can be purchased later by the recovered funds continues to decrease, and the funds should expire sooner or later.

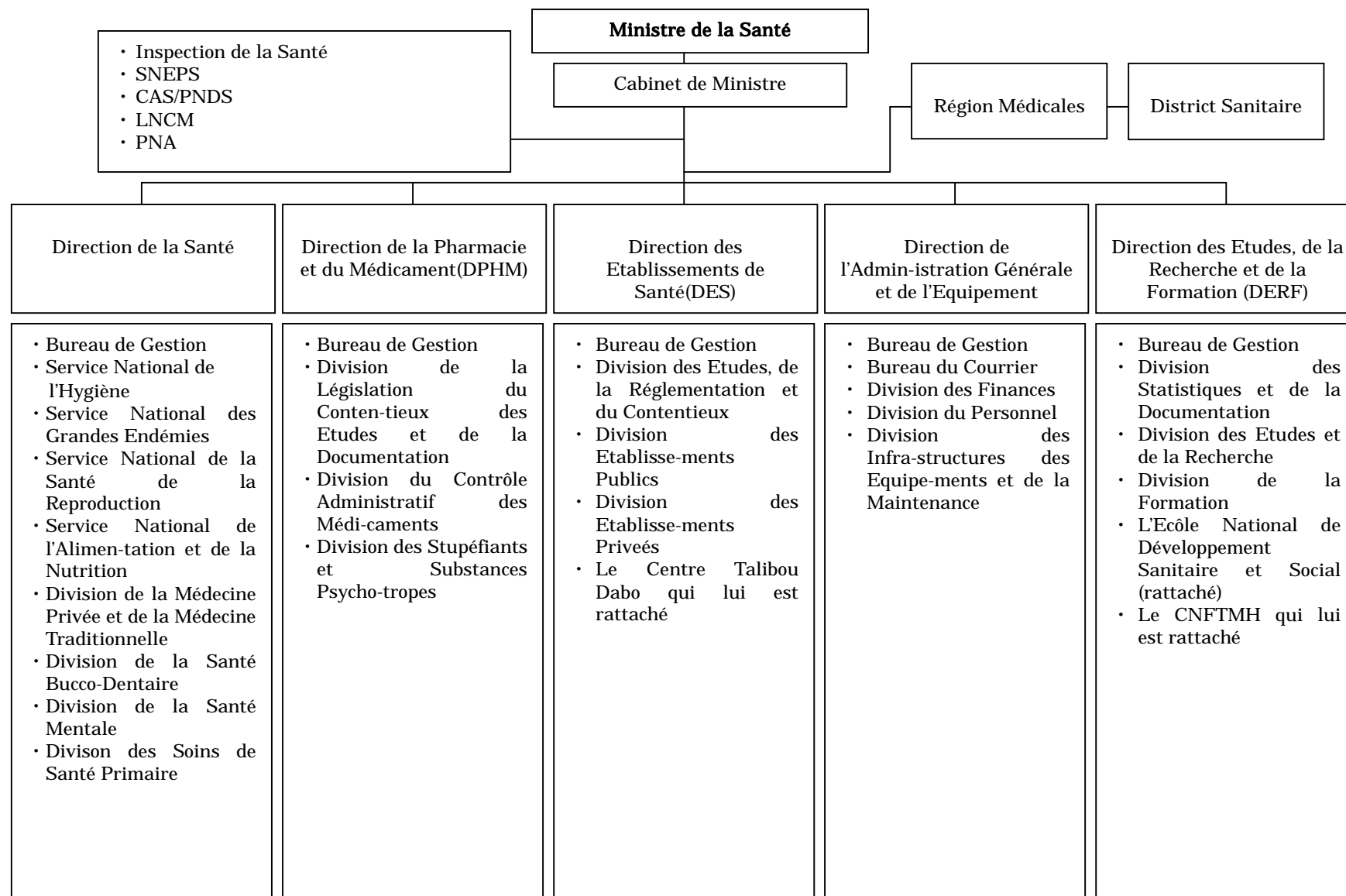
Lower than the buying price, the cost of mosquito nets procured by the government of St. Louis region was cheaper than proved that the market price, partially because it was purchased and directly sold by St.Louis Regional Government, involving no trade margins of wholesalers and retailers. While high-priced mosquito nets have conventionally been imported from neighboring countries in small lots, St.Louis government purchase was done internationally with competitive manufacturers in large lots, which resulted in lowering the price of mosquito nets.

In addition, in private sector supported by NGO, there is a movement to organize a “social marketing” or to locate proper needs of the mosquito nets and to do effective advertisement to increase the demand of nets.

The high tariff and tax imposed on mosquito nets is causing a difficulty for private companies for its marketing. This should be corrected by means of exemption or other measures in consideration of the high importance of mosquito net in the view of national public health policy.

The Japanese grant aid for the procurement of mosquito nets is intended for supplying the funds for initial investment. In order to continue the use of mosquito nets in a sustainable manner, it is necessary to construct a system for the procurement and sales of mosquito nets in Senegal under the initiative of the government, to continue this system involving the private sector, and to conduct sufficient educational activities enhancing the inhabitants’ awareness of the importance of mosquito nets.

While the soft component in this project will establish a system for evaluating the effect of the use of mosquito nets on the reduction of malaria morbidity, it is necessary to continue efforts aiming at further development of the project.



APPENDICES

1. Member List of the Study Team

Mr. Tsuneo KUROKAWA	Team Leader	Director, JICA Sengal Office
Mr. Akira WATANABE	Equipment Planning Specialist	Japan International Cooperation System
Ms. Reiko HAYASHI	Procurement Planning Specialist	Japan International Cooperation System
Ms. Atsuko TAKAHASHI	Cordinator	Japan International Cooperation Center

2. Study Schedule

Date		Time	Activities	Accommodation
9/18	Mon	11 : 25 16 : 40	Narita NH205 Paris	Paris
9/19	Tue	16 : 30 20 : 25	Paris AF718 Dakar	Dakar
9/20	Wed	08:30 10:15 14:00 15:15 16:00	JICA Embassy of Japan Discussion with USAID and related organisations. Ministère de l'Economie, des Finances et du Plan Embassy of Japan	"
9/21	Thu	09:00	Discussion with Ministère de la Santé	"
9/22	Fri	09:00	Discussion with Ministère de la Santé	"
9/23	Sat		Collecting data and interior discussion	"
9/24	Sun		Collecting data and interior discussion	"
9/25	Mon	10:00 11:00 13:00 16:00 16:30	Région Médical de Thiès Centre de Santé, Région de Thiès Centre Hospitalier Regional de Thiès Grandes Endémies, Région Médical Louga Service de l'Hygiène de Région Médical de Louga	St.Louis
9/26	Tue	09:00 10:30 11:30 13:30 16:30 17:00	Région Médicale de St-Louis District Sanitaire St-Louis Poste de la Santé de Rao Centre Hospitalier Regional de St.Louis Poste de la Santé de St.Louis Sud Région Médicale de St-Louis	"
9/27	Wed	15:00 16:30 18:00 19:30	St.Louis Dakar JICA Expert (Mr.Uchiyama at DAGE, Ministère de Santé) Service National des Grandes Endémie, Ministère de Santé JICA Market research	Dakar
9/28	Thu	14:00 16:30 17:00	Secteur des Grandes Endémies, Région Médical de Thiès Région Médical de Fatick Poste de Santé de N'bella Cadio, District de Fatick	Kaolack
9/29	Fri	12:30 15:00 16:30 18:00 19:30	Région Médicale de Tambacounda District Sanitaire de Tambacounda, Centre de Santé Conseil Régional de Tambacounda Poste de Santé de Municipalité de Pal Pont Gouvernement de la Région de Tambacounda	Tambacounda
9/30	Sat	a.m. 08:30 12:30 16:00	Tambacounda Kédougou Poste de la Santé de Missila District Sanitaire de Kedougou, Centre de Santé Poste de Bandafassi, District de Kédougou	Kedougou
10/1	Sun	a.m. 12:00 13:00 p.m.	Kédougou Tambacounda District Sanitaire de Kedougou Hôpital Régional de Tambacounda Tambacounda Kaolack	Kaolack
10/2	Mon	09:00 11:00	Région Médicale de Kaolack Poste de Keur Socé, District Sanitaire de Kaolack	Dakar

		11:30 15:00 17:00 17:30	Comité de Santé de Keur Socé Kaolack Diourbel Région Médicale de Diourbel Centre de Santé de District Sanitaire de Touba Poste de Darou Marnane, District Sanitaire de Touba Diourbel Dakar	
10/3	Tue	10:00 14:00 17:00	Pharmacie National d'Approvisionnement JICA Ministère de la Santé	Dakar
10/4	Wed	09:00 10:00 11:00 14:30 17:00	UNICEF UNFPA WHO Ministère de la Santé Interior Discussion	"
10/5	Thu	a.m. 19:30	Interior Discussion Courtesy call to the Ministre de la Santé and Premier Conseiller	"
10/6	Fri	09:30	JICA Market research	"
10/7	Sat		Collecting data and interior discussion	"
10/8	Sun		Collecting data and interior discussion	"
10/9	Mon	08:30 14:30 15:30	Signature of minutes Market research EU Market research	"
10/10	Tue	10:00 11:00	Division des Soins de Santé Primaire, Ministère de la Santé UNICEF Report to Embassy of Japan JICA	Flight
10/11	Wed	22 : 55 06 : 25 08 : 40 09 : 40 11:00	Dakar AF 719 Paris Paris LG8012 Luxembourg Market research	
10/12	Thu	a.m. 15 : 10 16 : 10 20 : 00	Market research Luxembourg LG8017 Paris Paris NH 206	Flight
10/13	Fri	14 : 25	Narita	

3. List of Parties Concerned in the Recipient Country

Ministère de la Santé

Mr. Abdou Fall	Ministre de la Santé
Dr. Cheikh Fall	Premier Conseiller de Ministre de la Santé
Dr. Malick Niang	Directeur de la Santé
Dr. Oumar Faye	Chef de Service National des Grandes Endémie
Dr. Bacary Sambou	Service National des Grandes Endémie / Paludisme – WHO
Mr. Cheikhou Sakho	Division des Soins de Santé Primaire
Mr. Oumar Ba	Chargé de la Logistiques PEV, Service National des Grandes Endémie
Ms. Maimouna Régine Diouf	Assistante Administrative et Financière de la Lutte contre les Maladies Endémiques
Ms. Bernadette Ndiaye	Technicienne Supérieure de Santé / PEV (Vaccination)
Mr. Amadou Hassane Sylla	Statisticien-Démographe, Chef de la Division de Statistiques et de la Documentation / DERF
Mr. Lassna Konate	Faculté de Sciences et Techniques, Département de Biologie Animale, UCAD (Comité de Pilotage - Lutte contre la Paludisme)
Dr. El Hadji Ousseynou Faye	Chef de Bureau de Santé Maternel, Service National de Santé de la Reproduction
Mr. Khalifa Ababacar Sene	Directeur de la Pharmacie Nationale d'Approvisionnement du Sénégal (PNA)
Mr. Papa Ibrahima Ndao	Directeur Administratif et Financier, PNA
Dr. Serigne Abdou Diagne	Pharmacien Capitaine, PNA

Ministère de l'Economie, des Finances et du Plan

Mr. Daouda Diop	Directeur de la Coopération Economique et Financière
Mr. André Ndeky	Adjoint du Directeur de la Coopération Economique et Financière
Mr. Aminata Dioh	Chef du Bureau Asie-Moyen-Orient

Région de Thiès

Mr. Amadou Gueye	Superviseur Régional, Région Médical de Thiès
Mr. Saliou Diallo	Directeur, Centre Hospitalier Régional de Thiès
Mr. Abdoulaye Sow	Infirmier d'Etat, Secteur des Grandes Endémies, Région Médical de Thiès
Mr. Thomas Babele	Sous-Officier d'Hygiène, Secteur des Grandes Endémies, Région Médical de Thiès

Région de Louga

Dr. Hassane Yaradou	Médecin secteur Grandes Endémies, Région Médical Louga
Mr. AbdouKhader Ndiaye	Adjoint Chef de Service de l'Hygiène de Louga, Région Médical Louga
Mr. Adjudant Atab Goudiaby	Chef de la Brigade Départementale de l'Hygiène, Superviseur du PEV, District Sanitaire Louga

Région de St.Louis

Dr. Abdoulaye Aziz Ndiaye	Médecin-Chef de la Région Médicale de St-Louis
Dr. Papa Coumba Faye	Médecin-Chef de District Sanitaire St-Louis
Mr. Chimera Seck	Infirmier-Chef du Poste de la Santé de Rao
Mr. Massiré Karé	Chef de la Brigade Régionale de l'Hygiène de St.Louis
Mr. Mamadou Ndoye	Chef de la Sous-Brigade de l'Hygiène de District de St.Louis

Région de Fatick

Mr. Ousmane Bop	Gestionnaire, Région Médical de Fatick
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Mr. Nibaye Thiaw	Infirmière d'Etat, Poste de Santé de N'bella Cadio, District de Fatick
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Région de Tambacounda

Dr. Abdoulaye Diafate	Médecin-Chef de Région Médicale de Tambacounda
Dr. Mamadou Tidiane Dia	Médecin-Chef Secteur Régional des Grands Endémies, Région de Tambacounda
Mr. Seyni Touré,	Superviseur Régional PEV, Secteur Régional des Grands Endémies, Région de Tambacounda
Mr. Kekouta Diallo	Gestionnaire du Secteur Régional des Grands Endémies, Région de Tambacounda
Mr. Ousman Wade	Responsable Régional de l'Education de Santé, Région de Tambacounda
Lt-Colonel Daouda Diene	Directeur, Hôpital Régional de Tambacounda
Dr. Mamadu Sy	Médecin, Hôpital Régional de Tambacounda
Dr. Saiba Cissokho	Médecin, District Sanitaire de Tambacounda, Centre de Santé
Dr. Bassirou Noir	Médecin-Chef de District Sanitaire de Kedougou
Ms. Fatoumata Seck	Infirmière d'Etat, Poste de Santé de Municipalité de Pal Pont
Mr. Mustapha Ndiaye	Agents de Santé Communautaire, Poste de Santé de Municipalité de Pal Pont
Mr. Mactar Nansaly	Infirmier-Chef de Poste de Bandafassi, District de Kedougou
Mr. Mahmoudou Samoura	Président de Conseil Régional de Tambacounda
Mr. Mamadou Diaboula	Gouverneur de la Région de Tambacounda

Région de Kaolack

Dr. Maserigne Ndiaye	Médecin Chef de Région Médicale de Kaolack
Adjudant Yaya Sonko	Education pour la Santé, District Sanitaire de Kaolack
Mr. Mohamed Badji	Infirmier Chef de Poste de Keur Socé, District Sanitaire de Kaolack
Mr. Issa Ndiaye	Gérant de Dépôt de Pharmacie, Poste de Santé de Keur Socé, District Sanitaire de Kaolack
Mr. Tamsin Diop	Président de Comité de Santé de Keur Socé

Région de Diourbel

Dr. Malick Sarr	Médecin Chef de Région Médicale de Diourbel
Dr. Moustapha Sourang	Médecin Chef de District Sanitaire de Touba
Mr. Saliou Ndaw	Superviseur Soins de Santé Primaire, District Sanitaire de Touba
Mr. Du Sseynou Diallo	Infirmier Chef de Poste de Darou Marnane, District Sanitaire de Touba

USAID

Mr. Matar Camara	Child Survival Specialist, Population, Health and Nutrition Office
Mr. David J.MGuire	Project Director, NetMark Project
Mr. Aboubacry Thiam	Conseiller Résident, BASICS II

UNICEF

Mr. Ian G. Hopwood	Réprésentant de l'UNICEF pour le Sénégal et le Cap-Vert
Mr. Martin Murama	Project Officer, Office of Emergency Programmes
Mr. Celestino M.Costa	Chargé de Programme Santé
Mr. Bassirou Ndiaye	Section des Approvisionnements
Ms. Mieke Lievens	Assistante aux Relations Extérieures

UNFPA/FNUAP

Dr. Fatou Sarr Diop	Programme Officer, Reproductive Health
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WHO/OMS

Dr. Malang Coly	Epidemiologiste, Conseiller en Lutte Contre la Maladie
Dr. Isseu Diop Toure	Conseillère en Santé de la Reproduction
Mr. Cheikh Ndiaye	Ingénieur Sanitaire, Conseiller en Eau, Hygiène et Assainissement
Mr. Khalifa Mbengue	Journaliste, Conseiller en Communication

EU

Dr. Henri Got	Coordinateur, Bureau de Coordination Santé
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4. Minutes of Discussions

Procès-Verbal des Réunions

**Etude pour le Projet de Soutien à la Santé de la Mère et de l'Enfant:
Suivi de la Santé Maternelle, Programme Elargi de Vaccination et la Lutte contre le
Paludisme
de la République du Sénégal**

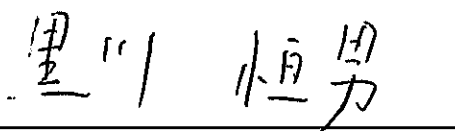
A la suite d'une requête formulée par la République du Sénégal, le Gouvernement du Japon a décidé de mettre en œuvre une étude sur le projet de fourniture de matériels relatif à la coopération financière non-remboursable pour la santé de la mère et de l'enfant (désigné ci-après comme "le Projet") et donné mandat à l'Agence Japonaise de Coopération Internationale (désignée ci-après comme "la JICA").

La JICA a envoyé, au Sénégal du 19 septembre au 10 octobre 2000, une mission d'étude sur le Projet, dirigée par Monsieur Tsuneo KUROKAWA (désignée ci-après comme "la Mission").

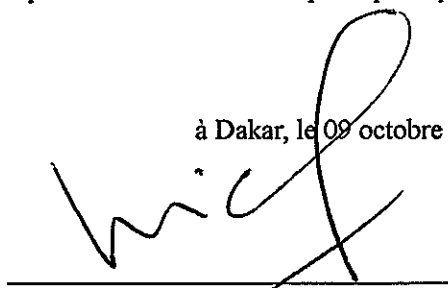
Pendant son séjour en République du Sénégal, la Mission a tenu une série de discussions avec les responsables des autorités compétentes sénégalaises et effectué une étude sur le terrain dans les zones faisant l'objet de l'étude.

A l'issue des discussions et de l'étude, les deux parties ont confirmé les principaux points mentionnés dans l'appendice.

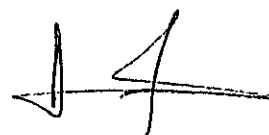
à Dakar, le 09 octobre 2000



M. Tsuneo KUROKAWA
Chef de Mission
l'Agence Japonaise de Coopération
Internationale (JICA), JAPON



Dr. M. Malick NIANG
Direction de la Santé, Ministère de
la Santé, République du Sénégal



M. Daouda DIOP
Directeur de la Coopération Economique
et Financière, Ministère de l'Economie
des Finances et du Plan, République du
Sénégal

L'Appendice

1. Objectif du présent Projet

Le présent Projet a pour objectif d'améliorer l'état de la santé de la mère et de l'enfant, en faisant baisser les taux de morbidité et de mortalité dues aux maladies évitables par l'approvisionnement de la chaîne de froid pour Programme Elargi de Vaccination, les équipements de santé maternelle aux niveau de santé primaire, les moustiquaires imprégnées pour la Lutte contre le Paludisme et les logistiques nécessaire.

2. Zones bénéficiaires

Les zones bénéficiaires du Projet sont toutes les régions de la République du Sénégal.

3. Ministère responsable et Organisation d'exécution

Organisation responsable et d'exécution du présent Projet est la Direction de la Santé du Ministère de la Santé.

4. Contenu de la requête par le Gouvernement du Sénégal

4-1 A la suite des discussions avec la Mission, la République du Sénégal a adressé une nouvelle requête portant sur la fourniture de matériels comme mentionnée dans l'annexe 1.

La JICA a examiné la pertinence de cette requête et recommandé au gouvernement du Japon de l'approuver.

La décision finale du cadre du Projet sera prise par le gouvernement du Japon en considération de tous les aspects.

4-2 Le Gouvernement sénégalais a précisé l'ordre prioritaire dans l'annexe 1.

Priorité A = Première priorité / Essentiel

Priorité B = Deuxième priorité / Nécessité à examiner

Priorité C = Troisième priorité / Si possible

5. Programme d'aide financière non-remboursable du Japon

5-1 La partie sénégalaise a compris le système de l'aide financière non-remboursable mentionné dans l'annexe 2 et expliqué par la Mission.

5-2 La partie sénégalaise effectuera les charges, mentionnées dans l'annexe 3, nécessaires pour le bon déroulement du Projet en cas de décision de la mise en œuvre de celui-ci.

6. Calendrier de l'Etude

6-1 Les ingénieurs-conseils de la Mission continueront l'étude pour spécifications détaillées et le nombre de chaque item jusqu'au 10 octobre 2000.

6-2 La JICA rédigera un rapport final et l'enverra au Sénégal avant la fin du mois de novembre 2000.

7. Fonds de contrepartie

7-1 Le Ministère de la Santé versera le montant de la vente des moustiquaires fournies par la coopération financière non-remboursable du Japon en CFA dans un compte ouvert à cet effet dans une banque au nom du Programme National de Lutte contre le Paludisme.

7-2 Le fonds ainsi déposé sera utilisé pour le renouvellement des stocks en moustiquaires et produits d'imprégnation en vue de promouvoir la lutte contre le paludisme au Sénégal.

7-3 Les autorités concernées des deux Gouvernements se consulteront pour l'utilisation desdits fonds de contrepartie.

7-4 Les autorités concernées sénégalaises soumettront un rapport écrit adressé au Gouvernement du Japon dans un délai d'un mois portant sur le montant et le détail d'utilisation des fonds de contrepartie sur la demande de celui-ci.

8. Autres relatifs au Projet

8-1 Le Gouvernement du Sénégal affecte des personnels et un budget nécessaire pour l'exécution du Projet.

8-2 Le Gouvernement du Sénégal prendra toutes les mesures nécessaires pour assurer le transport à l'intérieur du pays.

8-3 Le Gouvernement du Sénégal effectue régulièrement le rapport de résultat de lutte contre le paludisme dans les zones mentionnées dans l'article 2, notamment les taux de maladie et de mortalité chez les enfants à moins de 5ans et chez les femmes enceintes.

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LISTE DES BESOINS EN EQUIPEMENTS ET MATERIELS

	Quantité	Priorité
A.Besoins en Vaccins PEV		
Réfrigérateur /Congélateur pour les Postes	300	A
B.Besoins en Equipement et Produits pour la Santé Maternelle et Infantile		
Kit Poste de la Santé	300	A
C.Lutte contre le Paludisme		
Moustiquaires	200,000	A
Insecticides pour l'imprégnation		A
Kit pour l'imprégnation		A
Pulvérisateur à moteur portatif	100	B
D.Logistique (Véhicules+Motos)		
Véhicule de supervision 4x4 Double Cabin pour District Sanitaire	13	A
Véhicule de liaison 4x4	13	A
Moto 125	100	A
E.Soft Component		
		A

PROGRAMME D'AIDE FINANCIERE NON-REMBOURSABLE DU JAPON

1. Procédure de l'aide financière non-remboursable

Le programme d'aide financière non-remboursable est exécuté selon la procédure suivante :

1) Demande (requête effectuée par le pays bénéficiaire)

Etudes (étude préliminaire/étude du concept de base effectuées par la JICA)

Estimation et approbation (estimation par le gouvernement du Japon et approbation par le Conseil des ministres du Japon)

Détermination de l'exécution (Echange de Notes entre les deux gouvernements)

Exécution (mise en œuvre du Projet)

- 2) Lors de la première étape, la requête présentée par le pays bénéficiaire est examinée par le gouvernement du Japon (Ministère des Affaires étrangères) afin de déterminer si elle est pertinente dans le cadre de l'aide financière non-remboursable. Au cas où il serait confirmé que la requête est prioritaire en tant que projet d'aide financière non-remboursable, le gouvernement du Japon demande à la JICA de procéder à une étude.

Lors de la seconde étape, l'étude (étude du concept de base) est effectuée par la JICA ayant conclu un contrat avec une société de consultation japonaise chargée de l'exécution.

Lors de la troisième étape (estimation et approbation), le gouvernement du Japon décide, sur la base du rapport d'étude du concept de base élaboré par la JICA, si le Projet convient au cadre de l'aide financière non-remboursable. Il est ensuite soumis pour approbation au Conseil des ministres.

Lors de la quatrième étape (détermination de l'exécution), l'exécution du Projet approuvé par le Conseil des ministres est officiellement déterminée par la signature de l'Echange de Notes entre les deux gouvernements.

Au fur et à mesure de l'exécution du Projet, la JICA accélérera le processus d'exécution en apportant son soutien au pays bénéficiaire pour la procédure d'appel d'offres, les signatures des contrats et les autres opérations nécessaires.

2. Contenu de l'étude

1) Contenu de l'étude



Le but de l'étude (étude du concept de base) effectuée par la JICA est de fournir un document de base permettant de déterminer si un projet est exécutable ou non dans le cadre du Programme d'aide financière non-remboursable du Japon.

Le contenu de l'étude est le suivant:

- a) confirmer l'arrière-plan de la requête, les objectifs et les effets du Projet ainsi que les capacités de maintenance du pays bénéficiaire nécessaires à l'exécution du Projet
- b) évaluer la pertinence de l'aide financière non-remboursable du point de vue technologique et socio-économique
- c) confirmer le concept de base du plan convenu après discussions entre les deux parties
- d) préparer un plan de base du Projet
- e) estimer les coûts du Projet

Le contenu de la requête n'est pas obligatoirement approuvé en tant que contenu de l'aide financière non-remboursable. Le concept de base du Projet doit être confirmé par rapport au cadre d'aide financière non-remboursable du Japon.

Le gouvernement du Japon demande au gouvernement du pays bénéficiaire de prendre toutes les mesures qui pourraient s'avérer pour assurer son indépendance lors de l'exécution du Projet. Ces mesures doivent être garanties même si elles n'entrent pas dans la juridiction de l'organisme du pays bénéficiaire en charge de l'exécution du Projet.

Par conséquent, l'exécution du Projet doit être confirmée par toutes les organisations concernées du pays bénéficiaire par la signature du procès-verbal des réunions.

2) Sélection des consultants

En vue de la bonne exécution du Projet, la JICA effectue une sélection parmi les consultants enregistrés auprès de la JICA après avoir procédé à un examen des propositions soumises par ces derniers. Le consultant sélectionné procède à l'étude du plan de base et élabore le rapport sur la base des références fournies par la JICA.

A l'étape de conclusion du contrat entre le consultant et le pays bénéficiaire après l'Echange de Notes, la JICA recommande le même consultant que celui qui a participé à l'étude du concept de base afin d'assurer une cohérence technique entre l'étude du concept de base et le plan détaillé.

3. Plan de l'aide financière non-remboursable du Japon

1) Qu'est-ce qu'une aide financière non-remboursable?

Le Programme d'aide financière non-remboursable accorde au pays bénéficiaire des fonds non-remboursables qui permettront de fournir les installations,

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les équipements et les services (main d'œuvre ou transport, etc.) pour le développement socio-économique du pays, selon les principes suivants et conformément aux lois et réglementations afférentes du Japon. L'aide financière non-remboursable n'est pas effectuée sous forme de don en nature au pays bénéficiaire.

2) Echange de Notes(E/N)

L'aide financière non-remboursable du Japon est accordée conformément aux Notes échangées entre les deux gouvernements et dans lesquelles sont confirmés, entre autres, les objectifs, la durée, les conditions et le montant de l'aide.

3) La "durée de l'aide" s'inscrit dans l'année fiscale dans laquelle le Conseil des ministres a approuvé le Projet. Toutes les procédures d'aide, Echange de Notes, conclusion des contrats avec le consultant et le contractant et paiement final, doivent être achevées durant cette année fiscale.

Toutefois, en cas de retard lors de la livraison, de l'installation ou de la construction due à des éléments incontrôlables tels que les conditions météorologiques, la durée de l'aide financière non-remboursable pourra être prolongée d'une année fiscale supplémentaire après accord entre les deux gouvernements.

4) L'aide doit être en principe réservée exclusivement à l'achat de produits provenant du Japon ou du pays bénéficiaire, et aux services des ressortissants japonais ou du pays bénéficiaire.

Le terme "ressortissant japonais" signifie les personnes physiques japonaises ou les personnes morales japonaises dirigées par des personnes physiques japonaises.

Lorsque les deux gouvernements le jugent nécessaire, l'aide financière non-remboursable peut être utilisée pour les produits ou les services tels que le transport d'un pays tiers (autre que le Japon ou le pays bénéficiaire).

Toutefois, dans le cadre de l'aide financière non-remboursable, les principaux contractants, à savoir le consultant, l'entrepreneur et la société de commerce nécessaires à l'exécution de l'aide doivent en principe être exclusivement des ressortissants japonais.

5) Nécessité de la vérification

Le gouvernement du pays bénéficiaire ou son représentant autorisé conclura les contrats en Yen japonais avec les ressortissants japonais. Ces contrats seront vérifiés par le gouvernement du Japon. Cette vérification est nécessaire car les fonds de l'aide financière non-remboursable proviennent des taxes des citoyens japonais.

6) Dispositions à prendre par le gouvernement du pays bénéficiaire

Lors de l'exécution de l'aide financière non-remboursable, le pays bénéficiaire devra prendre les dispositions suivantes:

- (1) Acquérir, dégager, et niveler le terrain nécessaire pour les sites du Projet, avant le commencement des travaux de construction.

- (2) Assurer les installations de distribution d'électricité, d'approvisionnement et d'évacuation des eaux ainsi que les autres utilités nécessaires à l'intérieur et aux alentours du site.
- (3) Prévoir les bâtiments nécessaires avant les travaux d'installation dans le cas où le Projet consiste à fournir des équipements.
- (4) Prendre en charge la totalité des dépenses et l'exécution rapide du déchargement, du dédouanement dans le port de débarquement et le transport terrestre des produits achetés dans le cadre de l'aide financière non-remboursable.
- (5) Exonérer les ressortissants japonais de droits de douane, taxes intérieures et/ ou autres levées fiscales imposées dans le pays bénéficiaire eu égard à la fourniture des produits et des services spécifiés dans les contrats vérifiés.
- (6) Accorder aux ressortissants japonais, dont les services pourraient être requis en relation avec la fourniture des produits et des services spécifiés dans les contrats vérifiés, toutes les facilités nécessaires pour leur entrée et leur séjour dans le pays bénéficiaire pour l'exécution des travaux.
- (7) "Usage adéquat"
Le pays bénéficiaire est requis d'entretenir et d'utiliser les installations construites et les équipements achetés dans le cadre de l'aide financière non-remboursable de manière adéquate et efficace et de désigner le personnel nécessaire pour le fonctionnement et la maintenance ainsi que de prendre en charge toutes les dépenses autres que celles couvertes par l'aide financière non-remboursable,
- (8) "Réexportation"
Les produits achetés dans le cadre de l'aide financière non-remboursable ne doivent pas être réexportés à partir du pays bénéficiaire.
- (9) Arrangement bancaire(A/B)
- a) Le gouvernement du pays bénéficiaire ou son représentant autorisé devra ouvrir un compte spécial à son nom dans une banque au Japon (désignée ci-après comme "la Banque"). Le gouvernement du Japon exécutera l'aide financière non-remboursable en procédant aux paiements en Yen japonais pour couvrir les obligations du gouvernement du pays bénéficiaire ou de son représentant autorisé conformément aux contrats vérifiés.
- b) Les paiements seront effectués lorsque les demandes de paiement seront présentées par la Banque au gouvernement du Japon conformément à l'Autorisation de Paiement émise par le gouvernement du pays bénéficiaire ou de son représentant autorisé.

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Principaux travaux à exécuter par chaque gouvernement

No.	ELEMENTS	COUVERT PAR LE JAPON	COUVERT PAR LE SENEGALI
1	PRISE EN CHARGE DES COMMISSIONS SUIVANTES DE LA BANQUE DE CHANGE JAPONAISE POUR LES SERVICES BANCAIRES BASES SUR LES ARRANGEMENTS BANCAIRES (A/B)		
	1) COMMISSION DE NOTIFICATION DE L' AUTORISATION DE PAIEMENT (A/P)		●
	2) COMMISSION DE PAIEMENT		●
2	DECHARGEMENT ET DEDOUANEMENT AU PORT DE DEPART DU PAYS BENEFICIAIRE		
	1) TRANSPORT VERS LE PAYS BENEFICIAIRE PAR MER (AIR) DE PRODUIS ORIGINAIRES DU JAPON	●	
	2) EXONERATION D' IMPOTS ET DEDOUANEMENT DES PRODUITS AU PORT DE DEBARQUEMENT DU PAYS BENEFICIAIRE		●
	3) TRANSPORT A L' INTERIEUR DU PAYS ENTRE LE PORT DE DEBARQUEMENT ET LE SITE	●	●
3	ACCORDER AUX RESSORTISSANTS JAPONAIS DONT LES SERVICES POURRAIENT ETRE REQUIS DANS LE CADRE DE LA FOURNITURE DES PRODUITS OU DANS LE CADRE DU CONTRAT TOUTE L' AIDE NECESSAIRE POUR ASSURER LEUR ARRIVEE DANS LE PAYS BENEFICIAIRE ET Y PERMETTRE LEUR SEJOUR AFIN QU' ILS PUISSENT EXECUTER LESDITS SERVICES		●
4	EXONERER LES RESSORTISSANTS JAPONAIS DE DROITS DE DOUANE, TAXES INTERIEURES ET/OU AUTRES LEVEES FISCALES IMPOSEES DANS LE PAYS BENEFICIAIRE EU EGARD A LA FOURNITURE DES PRODUITS ET DES SERVICES SPECIFIES DANS LES CONTRATS VERIFIES		●
5	EXPLOITATION EN MAINTENANCE CORRECTE ET EFFICACE DES INSTALLATIONS CONSTRUITES ET DES EQUIPMENTS FOURNIS DANS LE CADRE DE LA COOPERATION FINANCIERE NON-REMBOURSABLE		●
6	PRISE EN CHARGE DE TOUTES DEPENSES, AUTRES QUE CELLES COUVERTES PAR L' AIDE FINANCIERE NON-REMBOURSABLE, NECESSAIRES A LA CONSTRUCTION DES INSTALLATIONS ET AU TRANSPORT ET MONTAGE DES EQUIPEMENTS		●

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